

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43570

Do not use this space.

JAN 25 1941

1. PLACE OF DEATH

(a) County Pack Registration District No. 701
(b) Township Marion Primary Registration District No. 593
(c) or City Bolivar (d) Street No. 2 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Sarah Ann O Coursey
Pack Co. Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hiram W Coursey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 1860
7. AGE YEARS 79 MONTHS 4 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. House work
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Pack County (STATE OR COUNTRY) Missouri

13. NAME Richard Ankrom

14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Ma

16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

17. INFORMANT May Shipley (ADDRESS) Bolivar Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE March 18 1940

19. FUNERAL DIRECTOR (NAME) White & Perwin (ADDRESS) Bolivar Mo.

20. FILED Mo 24 1940 J. H. Roberts 630 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16 1940

22. I HEREBY CERTIFY, That I attended deceased from March 10 1940 to March 16 1940

I last saw her alive on March 16 1940 Death is said to have occurred on the date stated above, at 12:00 a.m. The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset 3/11/40

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Doyle C McCreary M. D.

(Address) Bolivar Mo.

RECEIVED

District Health Officer No. 7,

District File Number 1-41-143

Date Filed 1-14-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed William L. Erwin

Licensed Embalmer No. 3092

P. O. Address Balwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.